

POSITION	ID NO.	DATE
CLASSIFIER	5	8-2-93
EXAMINER	143	8-16-93
TYPIST	8F 356	8-31-93
VERIFIER	315	9-3
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final Original	
1	10/13/93
2	
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5	N
6	N
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8	N
9	N
10	N
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SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through number) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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